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| | |
|------------------------|------------------------|
| Application Number | 09/662,968 |
| Filing Date | September 15, 2000 |
| First Named Inventor | Winarski, Tyson et al. |
| Art Unit | 3629 |
| Examiner Name | Nareh, Vig |
| Attorney Docket Number | 6109P2814 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

23504

OR

☐ Firm or
Individual Name

Address

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State

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Country

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jeff. D. Myers

Signature

Jeff D. Myers

Date

5/17/04

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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| | |
|-------------------------------|-----------------------------|
| Application Number | 09/662,968 |
| Filing Date | September 15, 2000 |
| First Named Inventor | Winarski, Tyson et al. |
| Title | AN INTERNET BASED SYSTEM... |
| Art Unit | 3629 |
| Examiner Name | Naresh, Vig |
| Attorney Docket Number | 6109P2814 |

I hereby appoint:



Practitioners associated with the Customer Number:

23504

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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